UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003

MOTION OFFERED BY MR. HYDE

Mr. HYDE. Mr. Speaker, pursuant to the unanimous consent agreement of yesterday, I offer a motion.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. HYDE moves to take from the Speaker's table the bill (H.R. 1298) to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes, with the Senate amendments thereto, and concur in the Senate amendments.

The Clerk read the title of the bill.

The text of the Senate amendments is as follows:

Senate amendments

Page 3, before line 1 insert:

*TITLE V—INTERNATIONAL FINANCIAL INSTITUTIONS*

*Sec. 501. Modification of the Enhanced HIPC Initiative.*

*Sec. 502. Report on expansion of debt relief to non-HIPC countries.*

*Sec. 503. Authorization of appropriations.*

Page 96, after line 14, insert:

***TITLE V—INTERNATIONAL FINANCIAL INSTITUTIONS***

***SEC. 501. MODIFICATION OF THE ENHANCED HIPC INITIATIVE.***

*Title XVI of the International Financial Institutions Act (22 U.S.C. 262p—262p–7) is amended by adding at the end the following new section:*

***''SEC. 1625. MODIFICATION OF THE ENHANCED HIPC INITIATIVE.***

*''(a) AUTHORITY.—*

*''(1) IN GENERAL.—The Secretary of the Treasury should immediately commence efforts within the Paris Club of Official Creditors, the International Bank for Reconstruction and Development, the International Monetary Fund, and other appropriate multilateral development institutions to modify the Enhanced HIPC Initiative so that the amount of debt stock reduction approved for a country eligible for debt relief under the Enhanced HIPC Initiative shall be sufficient to reduce, for each of the first 3 years after the date of enactment of this section or the Decision Point, whichever is later—*

*''(A) the net present value of the outstanding public and publicly guaranteed debt of the country—*

*''(i) as of the decision point if the country has already reached its decision point, or*

*''(ii) as of the date of enactment of this Act, if the country has not reached its decision point,*

*to not more than 150 percent of the annual value of exports of the country for the year preceding the Decision Point; and*

*''(B) the annual payments due on such public and publicly guaranteed debt to not more than—*

*''(i) 10 percent or, in the case of a country suffering a public health crisis (as defined in subsection (e)), not more than 5 percent, of the amount of the annual current revenues received by the country from internal resources; or*

*''(ii) a percentage of the gross national product of the country, or another benchmark, that will yield a result substantially equivalent to that which would be achieved through application of subparagraph (A).*

*''(2) LIMITATION.—In financing the objectives of the Enhanced HIPC Initiative, an international financial institution shall give priority to using its own resources.*

*''(b) RELATION TO POVERTY AND THE ENVIRONMENT.—Debt cancellation under the modifications to the Enhanced HIPC Initiative described in subsection (a) should not be conditioned on any agreement by an impoverished country to implement or comply with policies that deepen poverty or degrade the environment, including any policy that—*

*''(1) implements or extends user fees on primary education or primary health care, including prevention and treatment efforts for HIV/AIDS, tuberculosis, malaria, and infant, child, and maternal well-being;*

*''(2) provides for increased cost recovery from poor people to finance basic public services such as education, health care, clean water, or sanitation;*

*''(3) reduces the country's minimum wage to a level of less than $2 per day or undermines workers' ability to exercise effectively their internationally recognized worker rights, as defined under section 526(e) of the Foreign Operations, Export Financing and Related Programs Appropriations Act, 1995 (22 U.S.C. 262p–4p); or*

*''(4) promotes unsustainable extraction of resources or results in reduced budget support for environmental programs.*

*''(c) CONDITIONS.—A country shall not be eligible for cancellation of debt under modifications to the Enhanced HIPC Initiative described in subsection (a) if the government of the country—*

*''(1) has an excessive level of military expenditures;*

*''(2) has repeatedly provided support for acts of international terrorism, as determined by the Secretary of State under section 6(j)(1) of the Export Administration Act of 1979 (50 U.S.C. App. 2405(j)(1)) or section 620A(a) of the Foreign Assistance Act of 1961 (22 U.S.C. 2371(a));*

*''(3) is failing to cooperate on international narcotics control matters; or*

*''(4) engages in a consistent pattern of gross violations of internationally recognized human rights (including its military or other security forces).*

*''(d) PROGRAMS TO COMBAT HIV/AIDS AND POVERTY.—A country that is otherwise eligible to receive cancellation of debt under the modifications to the Enhanced HIPC Initiative described in subsection (a) may receive such cancellation only if the country has agreed—*

*''(1) to ensure that the financial benefits of debt cancellation are applied to programs to combat HIV/AIDS and poverty, in particular through concrete measures to improve basic services in health, education, nutrition, and other development priorities, and to redress environmental degradation;*

*''(2) to ensure that the financial benefits of debt cancellation are in addition to the government's total spending on poverty reduction for the previous year or the average total of such expenditures for the previous 3 years, whichever is greater;*

*''(3) to implement transparent and participatory policymaking and budget procedures, good governance, and effective anticorruption measures; and*

*''(4) to broaden public participation and popular understanding of the principles and goals of poverty reduction.*

*''(e) DEFINITIONS.—In this section:*

*''(1) COUNTRY SUFFERING A PUBLIC HEALTH CRISIS.—The term 'country suffering a public health crisis' means a country in which the HIV/AIDS infection rate, as reported in the most recent epidemiological data for that country compiled by the Joint United Nations Program on HIV/AIDS, is at least 5 percent among women attending prenatal clinics or more than 20 percent among individuals in groups with high-risk behavior.*

*''(2) DECISION POINT.—The term 'Decision Point' means the date on which the executive boards of the International Bank for Reconstruction and Development and the International Monetary Fund review the debt sustainability analysis for a country and determine that the country is eligible for debt relief under the Enhanced HIPC Initiative.*

*''(3) ENHANCED HIPC INITIATIVE.—The term 'Enhanced HIPC Initiative' means the multilateral debt initiative for heavily indebted poor countries presented in the Report of G–7 Finance Ministers on the Cologne Debt Initiative to the Cologne Economic Summit, Cologne, June 18–20, 1999.''.*

***SEC. 502. REPORT ON EXPANSION OF DEBT RELIEF TO NON-HIPC COUNTRIES.***

*(a) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Secretary of the Treasury shall submit to Congress a report on—*

*(1) the options and costs associated with the expansion of debt relief provided by the Enhanced HIPC Initiative to include poor countries that were not eligible for inclusion in the Enhanced HIPC Initiative;*

*(2) options for burden-sharing among donor countries and multilateral institutions of costs associated with the expansion of debt relief; and*

*(3) options, in addition to debt relief, to ensure debt sustainability in poor countries, particularly in cases when the poor country has suffered an external economic shock or a natural disaster.*

*(b) SPECIFIC OPTIONS TO BE CONSIDERED.—Among the options for the expansion of debt relief provided by the Enhanced HIPC Initiative, consideration should be given to making eligible for that relief poor countries for which outstanding public and publicly guaranteed debt requires annual payments in excess of 10 percent or, in the case of a country suffering a public health crisis (as defined in section 1625(e) of the Financial Institutions Act, as added by section 501 of this Act), not more than 5 percent, of the amount of the annual current revenues received by the country from internal resources.*

*(c) ENHANCED HIPC INITIATIVE DEFINED.—In this section, the term ''Enhanced HIPC Initiative'' means the multilateral debt initiative for heavily indebted poor countries presented in the Report of G–7 Finance Ministers on the Cologne Debt Initiative to the Cologne Economic Summit, Cologne, June 18–20, 1999.*

***SEC. 503. AUTHORIZATION OF APPROPRIATIONS.***

*(a) IN GENERAL.—There are authorized to be appropriated to the President such sums as may be necessary for the fiscal year 2004 and each fiscal year thereafter to carry out section 1625 of the International Financial Institutions Act, as added by section 501 of this Act.*

*(b) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to subsection (a) are authorized to remain available until expended.*

The SPEAKER pro tempore. Pursuant to the order of the House of Tuesday, May 20, 2003, the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS) each will control 30 minutes.

The Chair recognizes the gentleman from Illinois (Mr. HYDE).

GENERAL LEAVE

Mr. HYDE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on H.R. 1298, the legislation under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. HYDE. Mr. Speaker, I yield myself such time as I may consume.

Rarely does Congress act with decisiveness for the benefit of so many suffering in the developing world. But this is precisely what we are doing today in enacting H.R. 1298, the United States

Leadership Against HIV/AIDS Act of 2003.

With each passing day, HIV/AIDS claims more and more innocent victims. Not since the bubonic plague swept across the world in the last millennium has our world confronted such a horrible, unspeakable curse as we are now witnessing with the growing HIV/AIDS pandemic. The number of dead or dying is grotesquely high: 25 million already dead worldwide, and the number growing at a rate of 8,500 every day, with the prospects of entire villages populated only by orphans because the adults are dead or dying from AIDS.

The bill we are considering today is the very same bill which passed the House May 1 by a vote of 375 to 41, with the exception of a minor amendment regarding debt forgiveness in poor countries. The Hyde-Lantos bill authorizes the President's 5-year $15 billion emergency plan for treatment and prevention of AIDS in those countries already facing crisis.

The legislation creates a more responsive, coordinated, and effective approach among the various agencies of the U.S. Government involved in the global fight against HIV/AIDS. During consideration of the Hyde-Lantos measure last week, the Senate added an amendment encouraging the administration to work with other countries to extend additional debt relief to poor countries most affected by HIV/AIDS. I support this amendment, and it is my hope that this legislation may be presented for the President's signature prior to his participation in the G–8 summit in France in June.

The Hyde-Lantos legislation promotes an approach that provides for antiretroviral therapy for more than 2 million people living with HIV. It encourages a strategy that extends palliative care to people living with AIDS. It supports efforts to find vaccines for HIV/AIDS and malaria. It emphasizes the need to keep families together, with particular focus on the needs of children and young people with HIV. The bill endorses prevention programs that stress sexual abstinence and monogamy as the first line of defense against the spread of this disease. And it contributes to multilateral initiatives that leverage the funds of other donor nations.

Many organizations and individuals from diverse backgrounds participated in the crafting of this legislation, including members of the Congregation of the Franciscan Sisters in Wheaton, Illinois; missionaries in Uganda; AIDS treatment access groups in downtown Chicago; and caregivers who administer assistance and counseling to people living with AIDS. The Committee on International Relations heard from African ambassadors, church leaders, and citizens from around the world who are calling for action. Your support for this legislation today answers their call for action. But our work now is only beginning in this fight to save lives and rescue families and villages from this scourge.

Mr. Speaker, today I urge all of my colleagues to support H.R. 1298, the Hyde-Lantos bill. The HIV/AIDS pandemic is more than a humanitarian crisis. Increasingly, it is a threat to the security of the developed world. Left unchecked, this plague will further rip the fabric of developing societies, pushing fragile governments and economies to the point of collapse.

America does not have to take on the HIV/AIDS crisis alone. But as is often the case, American leadership, political or financial, is necessary if our friends around the world are to bear their fair share of the burden. This is what the President's proposal does. It sets a pattern of American leadership that others, we believe, will follow.

Today, we have an opportunity to do something of significant and lasting importance, an obligation to do something reflecting our commitment to human solidarity, and the privilege of doing something truly compassionate. The AIDS virus is a mortal challenge to our civilization. I know today my colleagues will be animated by the compassion and vision that has always defined what it means to be an American and answer this call for help.

Before I close, I want to thank, in particular, the distinguished gentleman from California (Mr. LANTOS), the ranking Democrat member. It is absolutely clear we would not be gathered in this Chamber about to celebrate the passage of such monumental legislation without the leadership, courage, and vision of the gentleman from California. From the start, he has been a leader in the fight against AIDS, tenacious in fighting for the Global Fund, and for increased funding for bilateral efforts.

Yet during the past 3 years we have been working on this issue, he has always defended and represented his position with grace and eloquence. I would also like to recognize the essential and excellent contributions made to this legislation by his staff, in particular Peter Yeo and Pearl Alice Marsh. My own staff, Walker Roberts and Peter Smith, are also to be commended for their fine work and contributions to this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. LANTOS. Mr. Speaker, I yield myself such time as I may consume, and I rise in strong support of H.R. 1298.

Mr. Speaker, the House of Representatives would not be considering the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act today if it were not for the personal commitment of the gentleman from Illinois (Mr. HYDE) to seeing this initiative signed into law. We all owe him a profound debt of gratitude, and I am delighted to pay public tribute to him for his principled and effective leadership.

Mr. Speaker, as we near final congressional approval of H.R. 1298, let us recall the humanitarian impetus for this historic initiative. Since this virus first mutated into its deadly shape, 25 million people have died of HIV/AIDS worldwide. This number is greater than the populations of New York City, Los Angeles, Chicago, Houston, Philadelphia, Phoenix, San Diego, Dallas, San Antonio, Detroit, San Jose, and Indianapolis combined. It is more than nine times the total number of casualties we have suffered in all armed conflicts in our Nation's history combined. It is a number beyond comprehension.

This number, Mr. Speaker, represents much more than a statistic. It represents real people, with real families, real stories, and real futures. As we consider H.R. 1298, we remember these victims and pass this legislation in their name.

We remember Simon, a former seminary student and a student leader in South Africa who struggled against apartheid, but died at the young age of 31 years, hardly fulfilling his potential as a national leader.

We remember Srey, a poor illiterate Cambodian woman who had been infected by her husband. And this cruel killer showed no mercy, prolonging her agony long enough to see it claim the precious life of her baby son before consuming her.

We remember Jean David, a Haitian man whose brother sold his small house and three cows to pay for medicine. These desperate lifesaving measures proved futile. Jean David died, leaving his family impoverished, with no way to care for his son, who was also infected with HIV/AIDS.

But, Mr. Speaker, this legislation is also about life. It will ensure that there are fewer deaths due to HIV/AIDS, fewer parents grieving over the loss of their child to HIV/AIDS, and fewer children growing up without parents who have succumbed to this disease.

Our legislative work to combat HIV/AIDS worldwide does not end with today's vote. Today, I call on President Bush to do everything in his power to obtain the $3 billion in HIV/AIDS funding this year, and I call on our Committee on Appropriations to fund that amount as well.

And Congress must continue to play a strong oversight role to ensure that our Nation's HIV/AIDS programs are run effectively and efficiently. We have created a strong HIV/AIDS coordinator at the Department of State, and we expect that this coordinator will work hand in glove with the Agency for International Development.

We have required that 33 percent of HIV/AIDS prevention funds in this legislation be used for abstinence-until-marriage programs, and we expect that abstinence programs funded as part of larger multisectoral grants will count towards this 33 percent requirement.

We have provided a conscience clause to organizations implementing these programs, and we fully expect that all NGOs will only provide medically accurate and complete information about HIV/AIDS prevention methods.

Mr. Speaker, today we vote to create a top-flight bilateral HIV/AIDS program and to support the advancement of the Global Fund. I urge all of my colleagues across the aisle to once again support passage of this legislation in the name of all those who have already fallen victim to HIV/AIDS and in the hope that millions of lives will be saved by our actions.

Mr. Speaker, I reserve the balance of my time.

Mr. HYDE. Mr. Speaker, I am pleased to yield 2 minutes to the distinguished gentleman from New Jersey (Mr. SMITH).

□ 1045

Mr. SMITH of New Jersey. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise in very strong support of this legislation, H.R. 1298, a truly historic piece of legislation authored by the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS). The compassion, tenacity and vision of the gentleman from Illinois (Mr. HYDE) has always been inspirational to so many of us, but on this piece of legislation Chairman HYDE's leadership was extraordinary. In astoniship speed, Mr. HYDE has now shepherded through the House and Senate a bill that will soon be signed by President Bush that is absolutely landmark in that it will help save the lives of millions and mitigate suffering in the lives of many more. Many particularly in sub-Saharan Africa, who are suffering from this disease, will be aided by this bill.

The number of deaths due to the AIDS epidemic is horrifying. It is estimated that 25 million people have died from AIDS thus far, and another 30 million are infected, and approximately 8,500 people die every day. Thankfully, we are acting swiftly; and the sooner this legislation and the appropriations that will follow are passed, we can mitigate some of this disaster. Because if we do not, there will be as many as 80 million deaths by 2010, and 40 million AIDS orphans can be expected.

Mr. Speaker, statistics about specific countries and age groups are also staggering. In Botswana, for example, nearly 40 percent of the adult population is infected. In Africa, there are 3 million children under the age of 15 living with HIV–AIDS.

Mr. Speaker, today in sub-Saharan Africa it is estimated that only 50,000 out of 4 million people in need of drug treatment are receiving it. This legislation puts us on track to get that very important drug treatment to these individuals.

This is an outstanding piece of legislation. Again, on behalf of all of us, we thank the gentleman from Illinois (Mr. HYDE) for his tremendous leadership, courage and compassion.

Mr. LANTOS. Mr. Speaker, I yield 3 minutes to the gentlewoman from Northern California (Ms. LEE), my friend and colleague, who has shown years of leadership in bringing us to this point.

Ms. LEE. Mr. Speaker, I want to thank the gentleman from California (Mr. LANTOS), the ranking member, for those very kind remarks and also for his leadership. I want to thank the gentleman from Illinois (Chairman HYDE) for his leadership and commitment; and, to them together, I think this is the best in terms of how we work together and can work together in a bipartisan fashion. I thank the gentleman from Iowa (Mr. LEACH) for his years of dedication and years of hard work as we negotiated this bill.

Also to our staff, we would not be here today without them. I would like express my appreciation to Christos Tsentas in my office and to Pearl Marsh and to Peter Yeo and to my former staff, Michael Riggs, and all of the minority and majority staff for their commitment and technical expertise but, most of all, their clear understanding of the reason why we are doing this today.

This bill we have before us, as we have all said, has been shaped for the most part by a very long and bipartisan and bicameral compromise that has largely focused on the needs of those most affected by the AIDS, tuberculosis and malaria pandemics.

I applaud the other body for adding an amendment to strengthen the Enhanced Heavily Indebted Poor Countries Initiative, but I am disappointed that they did not vote to include other amendments that were put forth by our colleagues, particularly the amendment offered by my colleague from California, to balance our HIV and AIDS prevention spending among all viable approaches by striking the 33 percent designation for abstinence-until-marriage programs. The balanced approach, the ABC approach, is what is working in Uganda; and I hope as we move forward we understand that strategy very clearly.

Although I do believe that the debt relief provisions should be strengthened to say instruct the Secretary of Treasury to enter into negotiations to expand HIPC, rather than just advising him to do so, I think it is critical for us to address the issue of debt cancellation whenever we discuss the global AIDS pandemic, particularly in the Africa context.

I am delighted that this amendment is in. It did not go far enough, but it is a beginning.

The passage, of course, of this legislation is historic. But, again, we should not be too quick I do not think to pat ourselves on the back, because we must urge our President and our colleagues on the Committee on Appropriations to fully fund the $3 billion authorization beginning this year. AIDS will not wait, and neither can we.

As part of our commitment to fight AIDS, we must also work to ensure that other donor nations contribute to the global effort. We would urge the President, along with Secretary Powell and Secretary Thompson to encourage the international community to provide a substantial and consistent contribution to fight TB, AIDS and malaria on a consistent basis beginning next week in France at the G8 summit that they will attend.

I would just like to close by saying, as we pass this very historic bill today, we cannot forget our own domestic AIDS crisis. Just under a million people are estimated to be infected in the United States, and a quarter of those do not even know they are infected. The Centers for Disease Control estimates that 40,000 are newly infected each year in our own country. We must attack this disease on a domestic and international basis. This is a major step in the right direction.

I thank the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS) for their leadership and for ensuring that the people of Africa now have some hope as a result of the United States policy.

Mr. HYDE. Mr. Speaker, I yield 4 minutes to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Speaker, I thank the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS) for their work on this important issue.

The bill that we will approve today emphasizes the model of Uganda. Uganda has helped people avoid exposure and infection to HIV/AIDS. They have saved lives. The world can take a lesson from Uganda, including the United States.

Uganda understood as a developing country working to build its way back from tyranny and exploitation it had to act to save itself. It had little money, no expertise, few resources. But Uganda had faith. Uganda had faith in God and in its people to save themselves.

President Museveni asked his people to change their behavior in order to stay alive. That is not a message that is dependent on cultural interpretation. It does not require technical or scientific understanding. It is a message that gave hope and health to the general population of Uganda; and it has worked and continues to work in Uganda, as well as Zambia, Jamaica and Namibia.

The bill that is before us is landmark legislation because it sets a course for what works in saving people's lives from the certain death of HIV/AIDS. It emphasizes treatment through antiretroviral therapy, care by assisting families and children affected by HIV/AIDS, and prevention by emphasizing education to help people avoid exposure.

This legislation makes a very important distinction between preventive activities and intervention activities. The bill details that are included regarding prevention and other activities are intended to help people avoid exposure by reducing the number of sexual

partners and, if they are adolescents, delaying sexual activity until they are married. This is a realistic and effective public health strategy to help end the grip of HIV/AIDS. This legislation does not eliminate the utilization of interventions that are intended to reduce the risk of infection, especially for specific high-risk populations. The distinction between prevention and intervention is important.

I am a physician who has treated AIDS patients dying from, in many instances, an avoidable disease. We need to emphasize risk avoidance but continue to provide options for risk reduction. This approach, called ABC, is a sound approach meant for the general population to save as many lives as possible. It is a comprehensive approach to AIDS prevention that recognizes that people are different and a range of behavioral options for AIDS prevention needs to be presented.

In 2 days I will be traveling to Uganda to see for myself the Uganda experience. One of the things I want to investigate in Uganda is if it is staying true to the ABC approach. Since the mid-1990s, there has been less of an emphasis on sexual behavior and more on medical solutions. In recent years, there has been a small but disturbing trend towards riskier sexual behavior, and for the first time in a decade there has been a slight increase in the national infection rate in Uganda.

The Uganda ABC model of the earlier period is the one that seems to have worked the best and is the one that has the most to teach the rest of the world. That is why I am so pleased to support this bill. I know it provides real solutions and real hope to people in Africa, and that is why I am pleased to go to Uganda in 2 days to see this firsthand myself.

Mr. Speaker, I commend the ranking member and the chairman for their work, and credit goes to President Bush for initiating this process.

Mr. LANTOS. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE), a leader on this issue.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentleman from Illinois (Mr. HYDE) and the gentleman from California (Mr. LANTOS) for one of the most unique and collaborative efforts, which simply rings out to the entire world about saving lives. I thank them for their vision on this important legislation.

Mr. Speaker, might I remind this House about 6 years ago, in 1997, then President Clinton designated a presidential mission. Three Members of Congress were able to participate in that mission, and we visited the nations of Uganda, Zambia and South Africa. During that time, we heard stories about individuals who admitted that they were HIV positive and being stoned to death.

It was the first time that a 13-year-old boy came to my attention in South Africa, and he began to be a national spokesperson to challenge the world on the question of care, treatment and prevention.

I am gratified that today the United States Congress, through the journey of many of us who saw the works of Uganda, began to understand that we must balance a cultural understanding with the need for prevention, care and treatment.

This bill is an outstanding bill for many reasons. It deals with these issues, but in addition, it deals with malaria and tuberculosis. This is a devastating pandemic. The numbers are staggering in terms of whom we have lost. We expect to see by 2005 40 million African children who have lost their parents to HIV/AIDS. It is gratifying to see that the ABC plan in Uganda has worked, particularly that there are less sexually active teenagers. But we must be realistic. I am glad this legislation deals with prevention and the use of condoms.

It is important to remember that AIDS is an epidemic in the United States, but it is also an important reality that there is a provision that helps to diminish or be able to support the idea of debt relief because these countries will not be able to get the various drugs necessary if we do not have the debt relief that is necessary as well.

Finally, Mr. Speaker, let me say I had an amendment that encourages, if you will, seeks to have the corporate community contribute to the global fund. This is crucial because more monies are needed.

I conclude by saying simply that we must do the same thing for the extreme famine in Africa, particularly in Ethiopia and that region. I would ask my colleagues as they support this wonderful legislation, that as we move toward appropriation, we support this legislation in appropriation, and we also support dollars that will help bring down the famine in Africa. I ask my colleagues to vote for this legislation.

□ 1100

Mr. LANTOS. Mr. Speaker, I am very pleased to yield 2 minutes to the gentleman from Virginia (Mr. MORAN).

Mr. MORAN of Virginia. Mr. Speaker, we all strongly support this bill as a needed and overdue national commitment. AIDS is a global crisis which threatens the security of every government in every nation, even including the United States. It has destroyed societies, and it will destabilize democratic governments. According to UNAIDS, nearly 22 million people have lost their lives and over 36 million people today are living with HIV and AIDS. Fewer than 2 percent of them have access to life-prolonging therapies or basic treatment. That is the problem. And we are the only ones with the resources to really do something about it. The number of new infections of HIV is estimated at 15,000 people a day, and it is growing.

In Africa, which has 70 percent of the AIDS cases, 22 million people are living with this disease. In some countries, 20 percent or more are infected; and in a number of countries that recently visited in Africa, 34 percent of women of childbearing age are infected. That means that an estimated 600,000 African children become infected with AIDS every single year as a result of mother-to-child transmission either at birth or through breast feeding. The deaths of parents with HIV/AIDS will result in 40 million orphans this decade alone. They have nowhere to go. They do not inherit anything. The boys go in to gangs, the girls too often into sexual slavery or some form of servitude.

This bill, while it is a terribly important step, raises concerns about the intent to limit our flexibility to do everything we can to combat this problem. Abstinence, for example, while a prevention strategy, is not a public health program. It is an education approach based on moral or religious belief. We do not argue with that moral or religious belief, but this is an urgent matter. We have to do everything possible that will work. The fact is that in the developing world, too many women do not have the option of abstinence. That is the reality they have to deal with. Their rights are almost nonexistent. Many of them do not have the option to say no to sex from men, control the number of partners or protect themselves from sexual assault. That is true, that is reality, and that is what we have to deal with. Even the restrictive provision on prostitution limits our effectiveness. We have got to get access to women who are endangered, whatever it takes to save their lives.

I urge the administration to use all the flexibility and common sense they can. We are talking about saving lives here. We are talking about a horrible reality. But we have got to roll up our sleeves and do what is necessary, do what is the moral imperative for this Nation to do today. All of us will strongly support the bill.

Mr. LANTOS. Mr. Speaker, I am delighted to yield 3 minutes to my dear friend and good neighbor, the gentlewoman from California (Ms. MILLENDER-MCDONALD), who has been a leader on this issue ever since we began this project.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I want to take this time to thank Chairman HYDE and ranking member LANTOS for being the driving force behind such an important bill, H.R. 1298, United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. I would also like to commend the President for his leadership on this issue. I hope that other countries and their leaders follow his leadership on HIV/AIDS. This bill embodies true leadership on the part of the United States, dramatically increasing the U.S. participation in addressing the pandemic that is ravaging whole regions and millions of people. This unprecedented bill acknowledges

our moral responsibility to address the pandemic that has already resulted in the deaths of millions. I am so proud to be a part of this legislation, this distinguished body and this country.

H.R. 1298 contains a provision of mine included in the committee markup which my good friend, the gentlewoman from California (Mrs. NAPOLITANO), offered for me as a member of that committee. While much attention is being paid to preventing mother-to-child transmission, we must turn to addressing the needs and rights of the child to grow up with parents so that millions more are not orphaned before he or she can even walk.

My language gives priority preference for Federal funds to groups that are currently administering a privately funded program to prevent mother-to-child transmission and provide lifelong care and treatment in family-centered programs so that children do not grow up as orphans. This would benefit programs by letting them hit the ground running, to treat immediately as many people as possible. My language benefits programs such as the MTCT-Plus Initiative, which is administered by Columbia University's Mailman School of Public Health. The MTCT-Plus Initiative is supported by United Nations Secretary-General Kofi Annan and the First Ladies of Africa and has $50 million in funding from several private philanthropic foundations, including the Bill and Melinda Gates, the William and Flora Hewlett, the Robert Wood Johnson and other foundations.

Family survival programs like the MTCT-Plus Initiative are critical to address the issues of millions of children orphaned by HIV/AIDS on a scale unrivaled in history. In sub-Saharan Africa, family and societal structures are breaking down because of the deaths of a generation of parents. The number of children in the developing world who have been orphaned by the AIDS pandemic will nearly double from 13.4 million to 25.4 million by the end of this decade. Today, 5.5 million children in Africa have lost both parents, and in most cases at least one of them, to AIDS; and that number will rise to 7.9 million by 2010.

Again let me thank the chairman and the ranking member for their leadership.

Older women are also profoundly affected since the responsibility for caring for the supporting grandchildren orphaned by AIDS infected parents often falls on the shoulders of the elderly.

Thank you again, Chairman HYDE and Ranking Member LANTOS, for agreeing to include my amendment, and thank you too, to Congresswoman NAPOLITANO for offering my amendment during the Committee markup.

Mr. Speaker, I also offered an amendment on the floor which was accepted that concerns Section 314 which calls for a pilot program of assistance for children and families affected by HIV/AIDS. My amendment requires that pilot program to ensure the importance of inheritance rights of women, particularly women in African countries, are included in this program. The relationship of the denial of inheritance rights for women, increased HIV/AIDS infection in women and the resulting exponential growth in the numbers of young widows, orphaned girls, and grandmothers becoming heads of households needs to be further studied and documented. My language does just that.

This is necessary because a majority of those infected by HIV/AIDs in African are women of all classes, ethnic groups, and levels of education. Women with AIDS are condemned to an early death when their homes, lands, and other property are taken. They not only lose assets they could use for medical care, but also the shelter they need to endure this disease.

The failure to ensure equal property and inheritance rights upon separation or divorce discourages women from leaving violent marriages. HIV risk is especially high for women in situations of domestic violence, which often involves coercive sex, diminished ability to negotiate with partners for safer sex, and impeded women from seeking health information and treatment.

In some places, widows are forced to undergo sexual practices such as ''wife inheritance'' or ritual ''cleansing'' in order to keep their property. ''Wife inheritance'' occurs when a male relative of the dead husband takes over the widow as a wife, often in a polygamous environment. ''Cleansing'' usually involves sex with a social outcast who is paid by the dead husband's family, supposedly to cleanse the woman of her dead husband's evil spirits. In both of these rituals, safe sex is seldom practiced and sex is often forced. Such women are at increased risk of contracting and spreading HIV.

For example, there are areas of Kenya where the wife inheritance and cleansing practices have created an alarmingly high rate of HIV/AIDS infection. Fully 22 percent of the population between ages 15 and 49 in the Nyanza province are infected, and 35 percent of ante-natal women in one district within that province are infected. Girls and young women in the Nyanza province are infected at six times the rate of their male counterparts.

Finally, in the last Congress Representative Eva Clayton and I introduced H. Con. Res. 421, recognizing the importance of inheritance rights of women in Africa, and its relationship to the HIV/AIDS pandemic. I have also chaired two briefings on this issue. Our resolution was very strongly supported by this body. It had 90 original cosponsors with bipartisan support. My amendment today to the underlying bill includes the crux of H. Con. Res. 421, which I have reintroduced as H. Con. Res. 158.

Thank you so much for putting H.R. 1298 on a fast track to present to the President for his signature. I look forward to the next step of actually ensuring that H.R. 1298 receives funds in the appropriations process giving this authorizing bill the teeth it needs to prevent infection and provide real relief to those suffering under the HIV/AIDS pandemic abroad.

Mr. LANTOS. Mr. Speaker, I am very pleased to yield 2 minutes to the gentleman from Ohio (Mr. BROWN), a distinguished member of the Committee on International Relations. He was the leader on the tuberculosis issue in this legislation, which is a significant and important and integral part of this bill.

Mr. BROWN of Ohio. I thank my friend from California for yielding me this time.

Mr. Speaker, I am pleased we are considering final passage of this global AIDS legislation. I want to recognize the hard work of Chairman HYDE and his good faith and strong efforts to make this legislation as good as it has become and to especially thank my friend, the gentleman from California (Mr. LANTOS), the ranking Democrat on the committee, and the minority and majority staff of the Committee on International Relations and the terrific work that they did. I also want to recognize the gentlewoman from California (Ms. LEE), who has been working on this since her first election and her former and current staff, Michael Riggs and Christos Tsentas.

Last year, almost 3 million people died of AIDS, 2 million died of tuberculosis, and 1 million died of malaria. In this bill, we are responding to this pandemic on a scale that can absolutely make a difference in saving hundreds of thousands, perhaps millions, of lives. This bill recognizes that the intersection of AIDS and tuberculosis is like the perfect storm, causing the most devastating epidemic since the bubonic plague of the 14th century where 20 million people died. Already, 25 million around the world have died of AIDS, 42 million people are infected with HIV/AIDS, and 1,100 people every day in India die of tuberculosis. This bill begins to recognize that the Global Fund to Fight AIDS, TB and Malaria represents the best tool that we have to fight three epidemics that kill 6 million people each year.

This is good legislation, but it falls a bit short in a couple of areas. One of those is it limits flexibility so that local governments, local communities, local health departments, local nongovernment organizations are not able to be as flexible and I think as effective as they could be. I hope we can address that in the years ahead. It also fails to take as comprehensive an international approach as many of us hoped it would by underfunding, unfortunately, the Global Fund to Fight AIDS, TB and Malaria. That fund is more flexible, believes in local control, has standards to make sure that the dollars are well spent, and has more accountability than any other kind of aid program. I am hoping we can address that in the future.

Every day we fail to act, Mr. Speaker, thousands die. I am here today to say I am proud we have done something. We have done much.

Mr. LANTOS. Mr. Speaker, I yield myself such time as I may consume.

In closing, I would like to express my appreciation to Chairman HYDE's staff, Walker Roberts and Peter Smith; the staff of the gentlewoman from California (Ms. LEE), Christos Tsentas; and to my staff, Pearl Alice Marsh, Peter Yeo, David Abramowitz, and Bob King who have done an extraordinary job. I again want to express my profound personal thanks to the chairman of the

committee, the gentleman from Illinois (Mr. HYDE), without whose leadership we would not be able to pass this legislation.

Ms. WATERS. Mr. Speaker, I rise to support H.R. 1298, the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act. This bipartisan bill would provide $15 billion over the next 5 years to combat HIV/AIDS, tuberculosis and malaria. The text of this bill now includes the language of H.R. 1298 as passed by the House, along with a Senate amendment to recommend that the Secretary of the Treasury negotiate deeper debt relief for poor countries, especially those suffering from public health crises. I have been working on the issues of global HIV/AIDS and debt relief for over 4 years, and I know how interrelated they are.

Debt relief is desperately needed by poor countries trying to combat the HIV/AIDS epidemic. These countries cannot afford to provide health care to their people or educate their people about HIV/AIDS prevention because of their debts. At Least 18 heavily indebted poor countries are spending more money on debt payments than they are on health care. Debt relief will allow these countries to invest their resources in health, education, poverty reduction and HIV/AIDS treatment and prevention programs.

Zambia provides an excellent illustration of why deeper debt relief is necessary. Zambia is a deeply impoverished country with a per capita income of only $330 per year. Almost 20 percent of the adult population is infected with the AIDS virus, and 650,000 children have been orphaned by AIDS. The HIV/AIDS epidemic has also ravaged the educational system by causing a shortage of trained teachers. Yet, Zambia still spends more than twice as much money on debt payments as it does on health care.

Debt relief is critical to worldwide HIV/AIDS treatment and prevention efforts. I urge all of my colleagues to support this bill and enable poor countries to use their resources to address this devastating epidemic.

Mr. EVERETT. Mr. Speaker, I rise in reluctant opposition to this motion to concur in the Senate Amendment to H.R. 1298, the U.S. Leadership Against HIV/AIDS, Tuberculosis & Malaria Act of 2003. Although the intentions of this legislation are well placed to help stem the tide of these highly infectious diseases, I am deeply concerned about the management of these scarce Federal dollars by the UN Global Fund to Fight AIDS, Tuberculosis and Malaria. Past practices of this organization leave me with little hope that these monies will be spent wisely to curtail these deadly diseases.

Notwithstanding my opposition to this bill, I hope that USAID will work closely with the Global Fund to ensure that these funds are managed properly. In the event products are needed to be procured to prevent the spread of these diseases, I strongly encourage that the U.S. Buy America Act be employed. The expenditure of Federal, taxpayer dollars should support American companies whenever possible.

Mr. OXLEY. Mr. Speaker, I rise today to support H.R. 1298, the United States Leadership on HIV/AIDS, Tuberculosis, and Malaria Act of 2003. This legislation affirms our commitment to stop the spread of these diseases which have ravaged much of the world. The President has made this a priority for the administration, and it is an opportunity for the United States to demonstrate our commitment to leadership on this issue. This is a comprehensive piece of legislation that will not only authorize our contribution to the Global AIDS Fund, promote transparency and accountability in the expenditure of these funds; it will also work to reduce the debt burdens of countries facing public health crisis.

The House Financial Services Committee has a key role in crafting U.S. policy in the international financial institutions, and this Committee has been examining the role of these institutions in preventing AIDS and reducing debt burdens. I would like to thank Representatives LEACH and BIGGERT of the Financial Services Committee for their leadership on U.S. global AIDS policy. They have been instrumental in ensuring that the World Bank remains the trustee of the Global AIDS Fund and in encouraging private contributions to the Global AIDS Fund. Additionally, Subcommittee Chairman SPENCER BAUCHUS has been a strong supporter of common sense debt relief policy over the years. It is his leadership that has brought the issue of debt relief to the attention of Congress.

Today we consider the House legislation with an amendment added by the Senate. This amendment encourages the Secretary of the Treasury to pursue debt relief initiatives in the international financial institutions. I have agreed to accept this amendment added by the Senate in order to ensure that the President can have this legislation on his desk this week and we can begin working to stop HIV/AIDS, tuberculosis, and malaria.

I urge my colleagues to support this bill and demonstrate the U.S. Commitment to eliminating HIV/AIDS, tuberculosis, and malaria.

Mr. BLUMENAUER. Mr. Speaker, with the passage of this landmark legislation, the United States has taken an immense step towards recognizing both the severity of the global HIV/AIDS epidemic, and our own humanitarian interest in treating and preventing the spread of this disease.

The HIV/AIDS crisis is just the tip of the iceberg for health in developing nations. The task of building communities that are safe, healthy and economically secure at home and abroad cannot be achieved when a disabling portion of our global population is sick, orphaned or dying. The HIV/AIDS pandemic is affecting all races, all ages and all nations and we must all work together to solve this serious public health crisis.

We have more at stake these days than just dealing with the AIDS epidemic, important as it is. I hope that the thoughtful approach taken by the administration and Congress on this measure will be a template for moving forward in other critical areas we must address, such as homeland security, our stalled economy, and other perilous issues in the international arena.

Mr. SCHIFF. Mr. Speaker, I rise in support of this important legislation that will enable us to effectively combat the global scourges of HIV/AIDS, tuberculosis, and malaria. I am pleased with the bill as amended by the Senate, which will provide unprecedented funding to fight this deadly trio of diseases that are global in scope. I am grateful for the bipartisan leadership of my House colleagues who authored and were original co-sponsors of this bill, especially Chairman HYDE, Ranking Member LANTOS, Mr. WELDON, Ms. LEE, and Mr. LEACH.

This legislation enables the United States to take a strong leadership role to ameliorate, and, we hope, ultimately to eradicate one of the most devastating diseases that man has ever encountered. We count the victims of HIV/AIDS in the tens and hundreds of millions, worldwide. It is a disease that affects men and women, adults and children. Its impact is most devastating on the poorest, those with the least capacity to deal with the ravages of this disease or to act effectively to prevent its spread. By affecting so many millions across societal cross-sections, this disease presents a humanitarian crisis of unprecedented magnitude. Furthermore, the HIV/AIDS pandemic is a potentially destabilizing force that presents a grave threat to international security.

The African nations have been especially hard hit by the epidemic of HIV/AIDS and other diseases. Together, HIV/AIDS, tuberculosis, malaria, and related diseases are undermining agricultural production throughout Africa—aggravating disease with hunger.

This bill will address these global problems by authorizing $15 billion to combat HIV/AIDS, tuberculosis, and malaria, through a comprehensive 5-year integrated strategy. This legislation will use these funds effectively by promoting inter-agency coordination, supporting the expansions of public/private partnerships, and using targeted programs that will especially benefit children and families affected by HIV/AIDS.

Of course we must continue to work aggressively to combat the spread of this disease here in the United States and to continue our efforts to research a cure and to aid our own countrymen afflicted with this terrible illness.

I am proud to have been a co-sponsor of the House version of this vital legislation to attack one of the most significant threats to global health. I urge my colleagues to support this bill.

Mr. WELDON of Florida. Mr. Speaker, the motion we will approve today emphasizes the model of Uganda. Uganda has helped people avoid exposure and infection to HIV/AIDS. They have saved lives.

The world can take a lesson from Uganda—including the United States.

Uganda understood that, as a developing country working to build its way back from tyranny and exploitation, it had to act to save itself. It had little money, it had no expertise, it had few resources.

But Uganda had faith. Uganda had faith in God and in its people to save themselves.

President Museveni asked his people to change their behavior in order to stay alive. That is not a message that is dependent on cultural interpretation. It is not a message that requires specific technical or scientific understanding. It is a message that gave hope and health to the general population of Uganda.

And it has worked and continues to work in Uganda, Zambia, Jamaica, an Namibia.

The motion to agree to the Senate amendment that is before us is landmark legislation because it sets a course for what works in saving people's lives from the certain death of HIV/AIDS. It emphasizes treatment through antiretroviral therapy, care by assisting families and children affected by HIV/AIDS, and prevention by emphasizing education to help people avoid exposure.

This legislation makes a very important distinction between prevention activities and

intervention activities. The bill details that included in prevention are those activities intended to help people avoid exposure by reducing the number of sexual partners and—if they are adolescents—delaying sexual activity until they are married.

This is a realistic and effective public health strategy to help end the grip of HIV/AIDS.

This legislation does not eliminate the utilization of interventions that are intended to reduce the risk of infection, especially, for specific high risk populations.

The distinction between prevention and intervention is important. As a physician who has treated AIDS patients, dying from in most instances an avoidable disease, we need to emphasize risk avoidance but continue to provide options for risk reduction.

This approach, called ABC, is a sound approach meant for the general population to save as many lives as possible. It is a comprehensive approach to AIDS prevention that recognizes that people are different and a range of behavioral options for AIDS prevention needs to be presented.

In 2 days I will be traveling to Uganda to see for myself the Uganda experience. One of the things I want to investigate in Uganda is if it is staying true to the ABC approach. Since the mid 90s, there has been less of an emphasis on sexual behavior and more on medical solutions. In recent years, there has been a small but disturbing trend toward riskier sexual behavior, and for the first time in a decade there has been a slight up-tick in national infection rates.

The Uganda ABC model of the earlier period, the one that seems to have worked the best, is the one that has most to teach the rest of the world. That is why I am so pleased to support this motion and provide real solutions and real hope to the people of the world.

Ms. MCCOLLUM. Mr. Speaker, I ask that the following article from today's Washington Post be inserted in the RECORD.

IN ANOTHER BREAK WITH PAST, KENYANS SEE HOPE ON AIDS

(By Emily Wax)

NAIROBI.—The preacher's message to his 3,000-member congregation inside the Kenyan Local Believers Evangelical Church on a rainy Sunday was a simply one: Condoms don't protect against AIDS.

The crowd responded with a ringing ''Eh,'' meaning yes, nodding as they clapped and rocked to his confident voice and his message.

''In fact, if you have sex using a condom 10 times, you will get 10 percent of the AIDS each time,'' thundered the pastor, Solomon Ndoria, wearing a mustard-colored three-piece suit and pumping his hands in the air. ''Then you will actually have AIDS. So just abstain from sex.''

One day later, Lucy Wanjiku's message to the man in her dark metal shack, standing beside her thin foam mattress, was a simple one, too. But she mumbled it.

She needed cash. She had to feed her 4-year-old son. So the 30-year-old woman who usually sold African crafts was selling her body.

Wanjiku, one of the many members of Ndoria's church who live in Kangemi, a Nairobi slum, had listened to her pastor's words. But she had also heard discussions at the local health clinic and seen posters downtown, and she wanted her client to use a condom.

He refused, slapping her face. Then in the dark must of her room, on her cot, with her son crying nearby, they had sex, she said. Afterwards, she had enough money for pounded maize. Now she has the virus that causes AIDS. She said she believes she will die soon.

The preacher and the prostitute exemplify the emotional debate over AIDS in Africa and its life-and-death consequences. As of the end of last year, an estimated 29.4 million people in sub-Saharan Africa had AIDS or HIV, according to U.N. estimates. About 3.5 million were infected during 2002, and an estimated 2.4 million people died of AIDS complications that year.

In Kenya, a nation of 31 million, 15 percent of adults have AIDS or HIV, U.S. statistics indicate. An estimated 500 to 700 Kenyans will die each day this year from AIDS-related causes. Yet after two decades of outside assistance and internal debate, Kenya, like most of its neighbors, has yet to find an effective strategy for preventing the disease or for treating those who contract it. And AIDS continues to kill entire villages, to wipe out generations.

When the country's first free and fair elections in December brought an end to 24 years of autocratic rule by Daniel arap Moi, many hailed it as a decisive moment not only in Kenya's political history but in its fight against AIDS. The new president, Mwai Kibaki, proclaimed a ''total war on AIDS.'' He has committed his government to help pay for the treatment of 40,000 patients and abandoned Moi's self-described ''shy'' policy about condom use, taking a stand supporting condoms in addition to abstinence until marriage.

After Kibaki's election, more than 500,000 condoms were distributed in western Kenya, where HIV infection is most prevalent. Kibaki's government ordered 50 million condoms from German prophylactic maker Condomi, and Kibaki said he will now implement the country's dormant AIDS prevention strategy, which long included plans to distribute condoms in hair salons, banks, restaurants and bars in addition to health facilities. Kibaki said the government will use a $100 million ''soft'' loan from the World Bank to pay for 300 million condoms over a four-year period.

Kibaki maintains that if the AIDS problem is not tackled, none of his government's other programs will matter. ''We must all come out and fight and eradicate this disease, because there won't be any point of improving the welfare of people who are going to die,'' he said last month. ''I would want us to look back and say, 'That is the disease that used to kill us.'''

Anti-AIDS crusaders say they hope Kibaki continues to follow a path that diverges sharply from the practice of many African governments to keep silent about condom use and AIDS. Ghana and Rwanda, largely Christian nations, are still unclear about prevention policies. In contrast, Botswana, with its tiny population of 1.6 million and its massive infection rate of 36 percent, has been aggressive both in rhetoric and treatment.

The most widely praised example in Africa is Kenya's neighbor, Uganda, where the policies of President Yoweri Museveni are credited with helping bring HIV infection rates down from 30 percent to 5 percent. Museveni set up aggressive and candid campaigns that included condom distribution and a national plan to attract aid donors to the country of 24.7 million.

''I think saving these lives is feasible in Kenya—right now,'' said Christa Cepuch, a Kenya-based pharmacist with the French medical aid group Doctors Without Borders. ''I think with political will anything can happen. If Kibaki sat down at his desk and made this happen, it would be a different country in 10 years. Uganda did it and now Kenya can, too.''

In Africa's impoverished countries, the debate over whether to tackle AIDS by trying to prevent it, through abstinence or condom use, or by treating it with expensive antiretroviral drugs, or both, is a complicated tangle that involves every level of society—preachers, prostitutes and their clients, farmers, orphans, drug companies and politicians.

As AIDS drugs decrease in price and advocates around the globe lobby for more funding for their purchase, some AIDS experts say they are seeing the first signs that treatment might become affordable for poor countries. But at the moment, they say, prevention is the more pressing issue.

Few Kenyans take issue with the idea that abstinence from sex is an almost foolproof way to avoid AIDS. But in a country where more than half the people live on less than a dollar a day, it's not always that simple.

Because rural jobs are scarce, many Kenyans migrate to the cities for work, leaving their families behind in small villages. When spouses are separated for long periods, sexual relations outside marriage become common. Or when there are no jobs, it is not uncommon for a woman to sell her body—perhaps just a few times in a lifetime—to feed her family for a few days.

''Let's not be so naive and so bashful as to think people are not going to have sex,'' said Wilson Ndgu, an energetic Kenyan doctor who distributes condoms at bars and in health clinics around the slums of Nairobi. ''People are having sex, so we should be promoting condoms as a way to save lives. That is the ethical and, frankly, the most Christian response.''

Most Kenyans—78 percent—practice Christianity, and most Christian denominations in Africa oppose condoms, some on the grounds that they promote sex outside marriage, others because they are a form of birth control. Only a few socially liberal church leaders have come out in favor of condom use.

''To be honest, Kibaki is in for some real serious work here. The scale of the epidemic and complete lack of response to it has created a nation where a lot of people feel they are helpless,'' said Chris Ouma, a Kenyan who is national coordinator for the Action AIDS/HIV program. ''There is a lot of education to do and a lot of working with the churches. I've never seen such prominent leaders pray for people's lives and then tell people not to use condoms.''

This All Africa Conference of Churches, with 168 members from all branches of Christianity, is torn on the issue of promoting condom use and backs a plan that tells worshipers to wait until marriage to have sex. But Kibaki is now asking church leaders to spend the first 15 minutes of every Sunday sermon preaching the policy of ABC.

ABC stands for ''Abstain, Be faithful or use Condoms,'' the approach successfully adopted in Uganda and copied by other countries. President Bush, who has pledged $15 billion to help pay for drugs in Africa and the Caribbean, has made ABC official U.S. policy. The U.S. Senate approved a $15 billion bill Friday that earmarks $3 billion a year for the next five years for programs in Africa that include education about condom use and promotion of faithfulness and abstinence.

Still, some church leaders refuse to support ABC, saying it goes too far.

''This issue may be tougher than ever finding affordable drugs for AIDS patients,'' said Melaku Kifle, outgoing general secretary of the All Africa Conference of Churches. ''And Kibaki is trying to take a stand by pushing the ABC policy. What will happen? No one really knows. Kibaki's leadership in the coming years will be critical.''

As times change, there are signs that attitudes may be changing, too.

On the television soap opera ''Saints and Sinners,'' the characters talk about AIDS. In newspapers and on the radio, the new government has launched an ad campaign that talks about it, too. The ads say: ''Three people die every five minutes from AIDS in Kenya. What are you doing about it?''

Kenyan doctors now hand out condoms in bars and talk about prevention over warm Tusker beer. Even the national museum is addressing the issue, running an exhibit this month on how treatment and prevention improve the lives of patients.

''All of my friends say using condoms is like eating a banana with the skin on,'' said Walter Koga, 22, a jobless man who was hanging out with his friends at a barbershop in Kangemi. ''Men just won't wear them because of stubbornness. People say it's not manly. But attitudes are changing. People don't want to be diseased, suffer horribly and die. I actually thought I would never wear one and now I do. I've changed.''

As a group of Koga's friends gathered to joke about how they still don't want to use condoms, Lucy Wanjiku hovered nearby, listening. She folded her arms over her chest and rolled her eyes. She told a group of women standing nearby about a friend of hers who had asked a man to use a condom and ended up getting beaten.

She wanted to tell Koga's friends to stop joking, but she didn't. Instead she went inside her dark metal shack to rest. She was too sick and weak to fight with them.

Mr. LANTOS. Mr. Speaker, I yield back the balance of my time.

Mr. HYDE. Mr. Speaker, I want to thank my friend, the gentleman from California (Mr. LANTOS), for his generosity. Believe me, he is indispensable to this effort, too.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. LAHOOD). All time for debate has expired.

Pursuant to the order of the House of Tuesday, May 20, 2003, the previous question is ordered.

The question is on the motion offered by the gentleman from Illinois (Mr. HYDE).

The motion was agreed to.

A motion to reconsider was laid on the table.

## CORRECTING THE ENROLLMENT OF H.R. 1298, UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003

Mr. HYDE. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate concurrent resolution (S. Con. Res. 46) to correct the enrollment of H.R. 1298, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate concurrent resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

The Clerk read the Senate concurrent resolution, as follows:

S. CON. RES. 46

*Resolved by the Senate (the House of Representatives concurring*), That the Secretary of the Senate, in the enrollment of the bill (H.R. 1298) to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes, shall make the following correction: In section 202(d)(4)(A)(i), strike ''from all other sources'' and insert ''from all sources''.

The Senate concurrent resolution was concurred in.

A motion to reconsider was laid on table.

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken later today.

## CHILD MEDICATION SAFETY ACT OF 2003

Mr. BURNS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1170) to protect children and their parents from being coerced into administering psychotropic medication in order to attend school, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1170

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the ''Child Medication Safety Act of 2003''.

**SEC. 2. REQUIRED POLICIES AND PROCEDURES.**

(a) IN GENERAL.—As a condition of receiving funds under any program or activity administered by the Secretary of Education, not later than 1 year after the date of the enactment of this Act, each State shall develop and implement policies and procedures prohibiting school personnel from requiring a child to obtain a prescription for substances covered by section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) as a condition of attending school or receiving services.

(b) RULE OF CONSTRUCTION.—Nothing in subsection (a) shall be construed to create a Federal prohibition against teachers and other school personnel consulting or sharing classroom-based observations with parents or guardians regarding a student's academic performance or behavior in the classroom or school, or regarding the need for evaluation for special education or related services under section 612(a)(3) of the Individuals with Disabilities Education Act (20 U.S.C. 1412(a)(3)).

**SEC. 3. DEFINITIONS.**

In this Act:

(1) CHILD.—The term ''child'' means any person within the age limits for which the State provides free public education.

(2) STATE.—The term ''State'' means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

**SEC. 4. GAO STUDY AND REVIEW.**

(a) REVIEW.—The Comptroller General of the United States shall conduct a review of—

(1) the variation among States in definitions of psychotropic medication as used in regard to State jurisdiction over public education;

(2) the prescription rates of medications used in public schools to treat children diagnosed with attention deficit disorder, attention deficit hyperactivity disorder, and other disorders or illnesses;

(3) which medications used to treat such children in public schools are listed under the Controlled Substances Act; and

(4) which medications used to treat such children in public schools are not listed under the Controlled Substances Act, including the properties and effects of any such medications and whether such medications have been considered for listing under the Controlled Substances Act.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall prepare and submit a report that contains the results of the review under subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. BURNS) and the gentlewoman from California (Ms. WOOLSEY) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia (Mr. BURNS).

GENERAL LEAVE

Mr. BURNS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1170.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. BURNS. Mr. Speaker, I yield myself such time as I may consume.

Today we are considering H.R. 1170, the Child Medication Safety Act, which will prevent school personnel from requiring a child to obtain a prescription for a controlled substance in order to remain in the classroom. I would first like to thank Chairman BOEHNER and Speaker HASTERT for their support of this legislation and Subcommittee Chairman CASTLE for conducting an important hearing on this bipartisan bill.

In recent decades there has been a growing number of children diagnosed with attention deficit disorder and attention deficit hyperactivity disorder and then treated with medications such as Ritalin and Adderall. When a licensed medical professional properly diagnoses a child as needing these drugs, the administration of the drugs may be entirely appropriate and very beneficial. While these medications can be helpful, they also have the potential for serious harm and abuse, especially for children who do not need these medications. In many instances, school personnel freely offer diagnosis for ADD and ADHD disorders and urge parents to obtain drug treatment for the child.

Sometimes officials even attempt to force parents into choosing between medicating their child and remaining in the classroom. This is unconscionable. School personnel may have good intentions, but parents should never be required to decide between their child's education and keeping them off potentially harmful drugs. School personnel